DIVISION OF SOCIAL SERVICES

Purchase Contract BUDGET AMENDMENT

SECTION I.

Contractor Agency Name:	Turner's Inc.		
Program: JAM	Turner Sinc.		
Contract Period: 7/1/01 t	to 6/30/02		Contract ID #: 00XXX-02
Desired Effective Date:	1/1/02		Amendment #: 1
			12/6/01
Signature of A	uthorized Official		Date
Signature of A	utiloi izcu Officiai		Date
SECTION II.			
Object/Item	Original Budget Amount	Increase/(Decrease)	Revised Amount
(1)	(2)	(3)	(4)
Equipment	5,980	(895)	5,085
Equipment	3,980	(693)	3,083
Other:			
Other.			
C1:	1.250	(25	1.075
Supplies	1,350	625	1,975
D: /:	1,000	270	1 250
Printing	1,080	270	1,350
	0.410		0.410
Total	8,410	0	8,410
SECTION III. Justification:			
Equipment can be reduced becar	use of the donation of a camcorder	to the Agency.	
	e increased because needs are exce	eding the budget for rep	printing brochures and additional
supplies needed for educational	materials.		
GT GTT GN 1 T			
SECTION IV. Approval/De	mal:		
TC1 1 1	1 66 4		
Ine budget revi	sion is approved effective		_•
The budget week	sion is denied for the masses (a) sta	4 a d la al a	
I ne budget revi	sion is denied for the reason(s) sta	ited below:	
	STATE OFFICE US	E ONLY	
NCDSS Contract Administrator	2		ision of Social Services Director:
g:		<u> </u>	D. L 065
Signature		Signature (Division	Budget Officer)
Date		Date	
Duit		Duic	

DSS-2517S INSTRUCTIONS

Purpose:

This form is to be used by State-Level Purchase Contract Contractors to request prior approval for realignment of funds, within the approved budget, during the contract period. It is required only for those Contractors who are being reimbursed under the Total Cost Reimbursement Method.

Cumulative expenditures for each object of expenditure may exceed the approved budgeted allowable by up to ten percent as long as the total budget is not exceeded. A request for PRIOR approval of a budget amendment is required for any line item that will exceed the ten-percent allowable.

Budget amendment request (originals) will not be accepted any later than sixty (60) calendar days prior to the ending date of the contract. Sixty (60) days should be allowed for processing any budget amendment during the contract period. Budget amendments are effective upon signature by both parties.

Reimbursement will be made only in accordance with the approved budget on file with both parties to the contract. Changes in reimbursement on the basis of a budget amendment cannot be made prior to the effective date of the amendment, and the request for amendment WILL NOT be approved retroactively.

General Instructions and Distribution:

The Contractor may initiate the form as needed by completing Sections I, II, and III and revising the DSS-6844S Budget forms. Then the Contractor should **submit one original and three copies,** to the **Contract Administrator** for review. If approved or disapproved, Section IV will be completed and required signatures will be secured. A copy will be returned to the Contractor, the Contract Administrator and the DHHS Controller's Office to be maintained as a part of the Purchase Contract file. The original will be maintained in the Division central contract file.

Instructions for Completing the Form:

Section I: Enter the Agency name, the program name, the effective contract period (i.e., October 1, 2001 through September 30, 2002), the contract ID number (i.e., 00XXX-02), the date the amendment is requested to be effective, and the amendment number (i.e., first, second, etc.) for the contract period. An authorized agency official must sign and date the request.

Section II: Column 1: Enter the name of the object of expenditure which is being increased or decreased.

(Note: Each object of expenditure title included in Other is to be listed separately.)

Column 2: Enter the amount origially budgeted for that object of expenditure.

Column 3: Enter the amount the object of expenditure is to be increased or decreased. Place parenthesis around the amount if it is to be decreased.

Column 4: Enter the revised amount for each object of expenditure. This amount will be computed by adding (or subtracting) the amount in column 3 to (or from) the amount in column 2. Column 3 total should always be zero. **Revise and attach pages of the Budget (DSS-6844S) form that are affected.**

Section III: Write a brief statement explaining why each object of expenditure is being increased **and/or** decreased.

REMINDER

BUDGET AMENDMENTS MUST BE SUBMITTED NO LATER THAN SIXTY (60) DAYS PRIOR TO THE ENDING DATE OF THE CONTRACT

Send Budget Amendments to:

Contract Administrator		
DSS	Section	
325 N. Salis	sbury Street	
Mail So	ervice Center	
Raleigh, NO	C 27699-	